

# **EXHIBIT A**

## Fill in this information to identify the case:

Debtor 1	<u>Debra Bessette</u>
Debtor 2 (Spouse, if filing)	_____
United States Bankruptcy Court for the: District of New Jersey	
Case number 19-13683	

## Official Form 410

**Proof of Claim**

04/19

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

1. Who is the current creditor?	<u>Borough of Paramus</u> Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor _____		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____		
3. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>  <u>Sheryl A. Luna (Tax Collector)</u> Name _____ 1 Jockish Square Number Street Paramus NJ 07652 City State ZIP Code	<b>Where should payments to the creditor be sent? (if different)</b>  <u>Tax Collector, Borough of Paramus</u> Name _____ 1 Jockish Square Number Street Paramus NJ 07652 City State ZIP Code	Contact phone (201) 265 - 2100 ext 2270 Contact email <u>sluna@paramusborough.org</u>
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____			
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY		
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____		

**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____
7. How much is the claim?	\$_____ 14,307.13 Does this amount include interest or other charges? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8. What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information.  <u>Municipal property taxes past due to the Borough of Paramus</u>
9. Is all or part of the claim secured?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. The claim is secured by a lien on property.  <b>Nature of property:</b> <input checked="" type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____
	 <b>Basis for perfection:</b> _____ Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
	 <b>Value of property:</b> \$_____
	<b>Amount of the claim that is secured:</b> \$_____
	<b>Amount of the claim that is unsecured:</b> \$_____ (The sum of the secured and unsecured amounts should match the amount in line 7.)
	 <b>Amount necessary to cure any default as of the date of the petition:</b> \$_____
	 <b>Annual Interest Rate (when case was filed)</b> _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$_____
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____

<b>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Check one:	
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.		
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <span style="float: right;">\$ _____</span> <input type="checkbox"/> Up to \$3,025* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). <span style="float: right;">\$ _____</span> <input type="checkbox"/> Wages, salaries, or commissions (up to \$13,650*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). <span style="float: right;">\$ _____</span> <input checked="" type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). <span style="float: right;">\$ 14,307.13</span> <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). <span style="float: right;">\$ _____</span> <input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_____) that applies. <span style="float: right;">\$ _____</span>		
<small>* Amounts are subject to adjustment on 4/01/22 and every 3 years after that for cases begun on or after the date of adjustment.</small>		

**Part 3: Sign Below**

The person completing this proof of claim must sign and date it.  
FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.  
18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

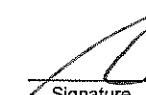
- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 6/11/2019  
MM / DD / YYYY



Signature

Print the name of the person who is completing and signing this claim:

Name	<u>Rafael Corbalan</u>		
	First name	Middle name	Last name
Title	<u>Associate Attorney</u>		
Company	<u>Kaufman, Semeraro &amp; Liebman LLP</u>		
	Identify the corporate servicer as the company if the authorized agent is a servicer.		
Address	<u>Two Executive Drive, Suite 530</u>		
	Number	Street	
	<u>Fort Lee</u>		<u>NJ</u>
	City	State	ZIP Code
Contact phone	<u>(201) 947 - 8855</u>		Email <u>rcorbalan@northjerseyattorneys.com</u>

May 21, 2019  
09:22 AMBOROUGH OF PARAMUS  
Lien Redemption Work Sheet - Certificate: 17-00007

Page No: 1

Certificate: 17-00007	Owner: BESSETTE, DEBRA	Type of Lien: Outside
Prop Loc: 416 CEDAR ST	Address: 416 CEDAR ST	Interest Rate: 0.00
	PARAMUS NJ 07652	Apr 2: N
Block/Lot/Qual: 5818.	4.	Premium: 17,100.00
Sale Date: 12/07/18	Holder Name: D1SOFTBALL	Holder Id: 219
Redemption Calculation Date: 05/21/19	Address: 20 GLENSIDE TERRACE	
Include Current Charges: N	MONTCLAIR, NJ 07043	

## TAX SALE CERTIFICATE:

Balance Type	Principal	Interest	Total
Tax	5,167.68	1,084.76	6,252.44
	Cost: 150.00		
#Days: 164 Per Diem: 0.000000	Total Certificate: 6,402.44		
Redemption Penalty ( 4.00 %):	0.00		
	256.10		
	Total: 6,658.54		

## SUBSEQUENT CHARGES:

Balance Type	Year	Prd	Date	Prin/Penalty	Interest Rate	Per Diem	#Days	Interest	Total
Tax	2018	1	12/20/18	1,580.40	18.00	0.790200	151	119.32	1,699.72
Tax	2018	2	12/20/18	1,359.83	18.00	0.679915	151	102.67	1,462.50
Tax	2018	3	12/20/18	1,481.16	18.00	0.740580	151	111.83	1,592.99
Tax	2018	4	12/20/18	1,328.31	18.00	0.664155	151	100.29	1,428.60
Tax	2019	1	02/14/19	1,397.02	18.00	0.698510	97	67.76	1,464.78
			Total:	7,146.72				501.87	7,648.59

## BALANCE TYPE SUMMARY:

	Certificate Total & Subseq. Prin/Penalty	Interest	Total
Certificate Tax	6,252.44	0.00	6,252.44
Subseq Tax	7,146.72	501.87	7,648.59
Total Tax	13,399.16	501.87	13,901.03

Certificate Cost 150.00 0.00 150.00

## LIEN REDEMPTION:

Principal: 13,549.16	Redemption Penalty ( 4.00 %): 256.10
Interest: 501.87	
TOTAL REDEMPTION: 14,307.13	Total Per Diem: 3.573360

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Ref

May 21, 2019  
09:22 AMBOROUGH OF PARAMUS  
Lien Redemption Work Sheet - Certificate: 17-00007

Page No: 1

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Prop Loc: 416 CEDAR STOwner: BESETTE, DEBRA  
Address: 416 CEDAR ST  
PARAMUS NJ 07652Type of Lien: Outside  
Interest Rate: 0.00  
Apr 2: N  
Premium: 17,100.00Block/Lot/Qual: 5818.  
Sale Date: 12/07/18  
Redemption Calculation Date: 05/21/19  
Include Current Charges: N4.  
Holder Name: D1SOFTBALL  
Address: 20 GLENSEIDE TERRACE  
MONTCLAIR, NJ 07043

Holder Id: 219

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	Cost: <u>150.00</u>		
#Days: 164 Per Diem: 0.000000	Total Certificate: <u>6,402.44</u>	Int on Cert: <u>0.00</u>	
Redemption Penalty ( 4.00 %):	<u>256.10</u>		
	Total: <u>6,658.54</u>		

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Subseq Tax	<u>7,146.72</u>	<u>501.87</u>	<u>7,648.59</u>
Total Tax	<u>13,399.16</u>	<u>501.87</u>	<u>13,901.03</u>

Certificate Cost 150.00 0.00 150.00

## LIEN REDEMPTION:

Principal:	13,549.16
Redemption Penalty ( 4.00 %):	256.10
Interest:	<u>501.87</u>
TOTAL REDEMPTION:	14,307.13
	Total Per Diem: 3.573360

2nd  
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